



**CITY OF LEBANON
HAULING PERMIT FOR WEIGHT RESTRICTED ROADS**

PERMIT # _____

Name of Applicant: _____

Address: _____

Phone #: _____

For Property Owner / Company: _____

Address: _____

Phone # : _____ FAX: _____

Desired Route of Travel & Distance: _____
(List all applicable roads)

Desired Date(s) & Time(s) of Travel: _____

Applicant Signature: _____

Date: _____

Upon approval of request, it is agreed that:

1. Applicant shall only haul on roads to locations and on dates/times approved/stipulated.
2. Applicant agrees to repair any/all damage(s) immediately, to the satisfaction of the Director of Public Works or his designee.
3. All hauling shall cease in the event damage is observed to road(s), whether caused by the applicant or others. Hauling will only resume when the weight restrictions have been lifted and/or damage has been repaired.

Approved by: _____

Authorized Travel Date(s) & Time(s): _____

Distribution:

Applicant: _____

Dispatch: _____

PW Dept: _____